

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 0033-1107PUS1																																											
Application No. 10/594,249 - Conf. #7406	Filing Date September 25, 2006	Examiner T. Y. Green	Art Unit 2879																																												
Applicant(s): Hajime SAITO et al.																																															
Invention: LIGHT-EMITTING DEVICE																																															
<p><b>Commissioner for Patents</b>  P.O. Box 1450  Alexandria, VA 22313-145</p> <p>Transmitted herewith is an amendment in the above-identified application.  The fee has been calculated and is transmitted as shown below.</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="6" style="text-align: center; padding: 5px;">CLAIMS AS AMENDED</th> </tr> <tr> <th style="width: 15%;"></th> <th style="width: 15%;">Claims Remaining After Amendment</th> <th style="width: 15%;">Highest Number Previously Paid</th> <th style="width: 15%;">Number Extra Claims Present</th> <th style="width: 15%;">Rate</th> <th style="width: 20%;"></th> </tr> </thead> <tbody> <tr> <td><b>Total Claims</b></td> <td style="text-align: center;">14</td> <td style="text-align: center;">- 20 =</td> <td></td> <td style="text-align: center;">x</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td><b>Independent Claims</b></td> <td style="text-align: center;">2</td> <td style="text-align: center;">- 3 =</td> <td></td> <td style="text-align: center;">x</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td colspan="5">Multiple Dependent Claims (check if applicable) <input type="checkbox"/></td> <td style="text-align: right;">0.00</td> </tr> <tr> <td colspan="5">Other fee (please specify):</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td colspan="5"><b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b></td> <td style="text-align: right;"><b>0.00</b></td> </tr> </tbody> </table> <p style="margin-top: 10px;"> <input type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity </p> <p> <input type="checkbox"/> No additional fee is required for this amendment. </p> <p> <input type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ _____.  A duplicate copy of this sheet is enclosed. </p> <p> <input type="checkbox"/> A check in the amount of \$ _____ is enclosed. </p> <p> <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. </p> <p> <input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u> as described below. </p> <p style="margin-left: 40px;"> <input checked="" type="checkbox"/> Credit any overpayment. </p> <p style="margin-left: 40px;"> <input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. </p> <div style="display: flex; justify-content: space-between; align-items: flex-end; margin-top: 20px;"> <div style="width: 60%;"> <p>Charles Gorenstein  Attorney Reg. No.: 29271</p> <p style="margin-top: 20px;">BIRCH, STEWART, KOLASCH &amp; BIRCH, LLP  8110 Gatehouse Road, Suite 100 East  P.O. Box 747  Falls Church, VA 22040-0747  United States  703-205-8000</p> </div> <div style="width: 35%; text-align: right;"> Dated: <u>April 19, 2010</u> </div> </div>						CLAIMS AS AMENDED							Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		<b>Total Claims</b>	14	- 20 =		x	0.00	<b>Independent Claims</b>	2	- 3 =		x	0.00	Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					0.00	Other fee (please specify):					0.00	<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>0.00</b>
CLAIMS AS AMENDED																																															
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate																																											
<b>Total Claims</b>	14	- 20 =		x	0.00																																										
<b>Independent Claims</b>	2	- 3 =		x	0.00																																										
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					0.00																																										
Other fee (please specify):					0.00																																										
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>0.00</b>																																										